

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE

Jul 12, 2018

|                                 |   |                  |
|---------------------------------|---|------------------|
| CONTRACT NO<br>N40080-17-C-0505 | TITLE AND LOCATION<br>Repairs to Paint & Blast Shop, Bldg. 339NS, NSA Annapolis | REPORT NO<br>033 |
|---------------------------------|---|------------------|

|                                      |   |
|--------------------------------------|---|
| CONTRACTOR<br>Lansdowne Construction | SUPERINTENDENT<br>Fredrick K. Gerheiser, PE |
|--------------------------------------|---|

|            |            |              |              |
|------------|------------|--------------|--------------|
| AM WEATHER | PM WEATHER | MAX TEMP (F) | MIN TEMP (F) |
|------------|------------|--------------|--------------|

## WORK PERFORMED TODAY

| Schedule Activity No | WORK LOCATION AND DESCRIPTION          | EMPLOYER       | NUMBER | TRADE                             | HRs |
|----------------------|--|----------------|--------|-----------------------------------|-----|
| 64; 65; 70; 71       | Installing UH piping on UH-3-1 &UH-3-2 | BPI Mechanical | 2      | Pipefitter; Pipefitter Apprentice | 20  |
|                      |  |                |        |                                   |     |
|                      |  |                |        |                                   |     |
|                      |  |                |        |                                   |     |
|                      |  |                |        |                                   |     |

|                   |   |   |   |     |
|-------------------|---|---|---|-----|
| <b>JOB SAFETY</b> | WAS A JOB SAFETY MEETING HELD THIS DATE?<br>(If YES attach copy of the meeting minutes)   | <input checked="" type="radio"/> YES <input type="radio"/> NO | TOTAL WORK HOURS ON JOB SITE.<br>THIS DATE, INCL CONT SHEETS<br>CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT | 20  |
|                   | WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?<br>(If YES attach copy of completed OSHA report)  | <input type="radio"/> YES <input checked="" type="radio"/> NO |   | 500 |
|                   | WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/HAZMAT WORK DONE?<br>(If YES attach statement or checklist showing inspection performed) | <input type="radio"/> YES <input checked="" type="radio"/> NO |   | 520 |
|                   | WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?<br>(If YES attach description of incident and proposed actions.)                    | <input type="radio"/> YES <input checked="" type="radio"/> NO |   |     |

|                      |   |   |     |     |
|----------------------|---|---|-----|-----|
| Schedule Activity No | LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED  | <input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET | Add | Del |
| 64; 65; 70; 71       | Proper wearing and use of PPE; working from a lift while using proper tie-off and wearing of a harness precautions. |   |     |     |
|                      |   |   |     |     |
|                      |   |   |     |     |

|   |     |     |
|---|-----|-----|
| EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER) | Add | Del |
|---|-----|-----|

| Schedule Activity No | Submittal # | Description of Equipment/Material Received |
|----------------------|-------------|--|
|                      |             |  |
|                      |             |  |
|                      |             |  |
|                      |             |  |

|   |     |     |
|---|-----|-----|
| CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER. | Add | Del |
|---|-----|-----|

| Schedule Activity No | Owner | Description of Construction Equipment Used Today (incl Make and Model) | Hours Used |
|----------------------|-------|--|------------|
|                      |       |  |            |
|                      |       |  |            |
|                      |       |  |            |
|                      |       |  |            |

|  |     |     |
|--|-----|-----|
|  | Add | Del |
|--|-----|-----|

| Schedule Activity No | REMARKS   |
|----------------------|---|
|                      | No work to be performed on Friday, 7/13, and Monday, 7/16. Will resume on Tuesday, 7/17.  |
|                      | Production goal is to pipe two (2) UHs per day.   |
|                      | Will need access to Sanding Bay (Room 102) starting Monday, 7/23. SCRF needs to provide access for our lift to that bay in order to begin work on the four UHs in that bay. |
|                      |   |

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CONTRACTOR/SUPERINTENDENT

DATE